



MISSOURI DEPARTMENT OF MENTAL HEALTH



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
1.330

KEITH SCHAFER, DEPARTMENT DIRECTOR

CHAPTER General Department	SUBCHAPTER Risk Management	EFFECTIVE DATE July 1, 2008	NUMBER OF PAGES 5	PAGE NUMBER 1 of 5
SUBJECT Reception and Hosting Visitors		AUTHORITY 630.050	HISTORY See Below	
PERSON RESPONSIBLE Coordinator, Disaster Readiness			Sunset Date July 1, 2011	

**Purpose: The purpose of this DOR is to prevent unauthorized physical access to Department of Mental Health (DMH) facilities in order to protect the integrity of confidential consumer information and the safety of consumers and employees*

Application: Applies to Department of Mental Health, its facilities and workforce

(1) Contents

- (A) Definitions
- (B) Facility Practice for Identification of Employees and Others
- (C) Facility Practice for Registration of Visitors
- (D) Principals for Assuring Facility Security
- (E) Review Process
- (F) Sanctions
- (G) DOR Control

(2) Definitions.

(A) Chief Security Officer (CSO) - individual designated by the DMH to oversee all activities related to the development, implementation, maintenance of, and adherence to Department and facility policies and procedures covering the electronic and physical security of, and access to, protected health information and other DMH data in compliance with federal and state laws and regulations

(B) Local Security Officer (LSO) - individual designated by a facility CEO to oversee facility information and physical security practice and policy compliance and to coordinate those activities with the Chief Security Officer

(C) Protected Health Information (PHI) - individually identifiable health information.

(D) Visitor - any individual who:

1. Is NOT a resident of the facility; and
2. Is neither assigned to work in the facility as their normal work location and everyday work duties nor been legitimately issued an official facility identification badge. Examples of visitors include, but are not limited to friends, family members of the consumer, acquaintances of consumers, business associates, attorneys, clergy, Protection and Advocacy staff, former staff, family and friends of staff, agency representatives, community service provider staff, JCAHO representatives, union staff, or surveyors from the Center for Medicare and Medicaid Services.

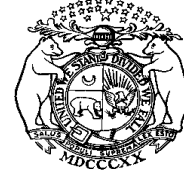
(3) Facility Practice for Identification of Employees and Others

(A) Facilities shall issue official identification to all employees when hired or



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shall reissue such identification as necessary for operations. The facility shall have procedures for authorization and issuance of official identification badges. The facility shall inform staff of their responsibilities for display, protection, reporting of loss or destruction, and return of the badge at the end of employment as specified in DOR 6.550.

(B) Procedures shall also address issuance and requirements for official identification for volunteers, client workers, students, interns, and contractual service providers. The appearance of badges for these individuals may be modified for ease of categorization of these individuals. Procedures may include role-based restrictions or limitations related to physical access to buildings, offices, or other specified locations.

(C) All employees as well as volunteers, consumer workers, interns, students and contractual service providers shall prominently display their official State of Missouri or facility identification badges while on facility grounds or in facility buildings.

1. When a Department of Mental Health facility is partially or in whole co-located on the grounds of another state agency or department and does not have control of entrance, egress and through traffic for all or part of the facility, the facility's compliance with provisions of the DOR relating to external controls and perimeters may be waived at the discretion of the CSO. Facilities shall submit a written request for a waiver to the CSO for approval. If such a waiver is granted, the DMH facility shall be subject to the established policies and procedures of the state agency that has control and responsibility for admittance and management of visitors to its grounds and building. The written request shall include these policies and procedures. The DMH facility remains responsible and accountable for establishment of internal controls and safeguards to comply with the provisions of this DOR as they relate to protection and safeguards for PHI and patient privacy and confidentiality. The DMH facility shall submit its plan for compliance to the CSO for approval.

(4) Facility Practice for Registration of Visitors

(A) The local security officer shall assure that all entrances other than those specifically designated for the public are accessible to employees and facility residents only and are labeled as such.

(B) Each facility shall establish local procedures for identifying, screening and registering visitors to the facility. The procedures shall define business hours and after hours consistent with facility operations and staff assignments. Consistent with these definitions, the processes for visitor registration may vary during the time of day but must still meet all requirements of this regulation.

(C) Visitor registration procedures shall include requirements that facility employees will not admit visitors to the facility other than for pre-authorized business purposes. The procedures shall discourage admitting an employee's family members into the workplace after business hours. As appropriate to the facility operations, procedures may disallow admittance of employee family members to all or parts of the workplace during business hours.

(D) The procedures may include personal or mechanical (metal



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detector, x-ray) searches of belongings or person.

(E) Procedures may vary over time based on homeland security alert levels, the level of security of the facility, threats or emergency situations, or local conditions that warrant additional security precautions.

(F) The registration process shall include written documentation of a visitor's access to the facility, including name, affiliation, reason for the visit, the employee or client being visited, time of entry and departure, and issuance of some form of visitor's identification that is to be clearly displayed while at the facility. Written visitor registration records or logs shall be maintained by the facility for a minimum of one year or until all active investigations, complaints, or litigation related to these records are resolved or completed.

(G) The registration process may include expedited procedures for large groups of visitors, frequent visitors or visitors with time-limited daily access to the extent that such procedures continue to assure that the security of information, clients and employees is protected.

1. For large meetings or tours that may overwhelm escort capabilities, local procedures may establish measures to facilitate entry such as, but not limited to, provision of a check-off list of meeting attendees, posting of an escort person for a period of time before the meeting begins, limiting access to only public areas by locking doors or establishing screens/barriers to other areas.

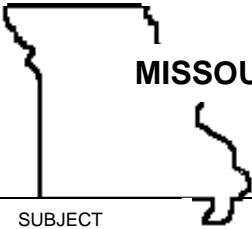
2. For frequent visitors such as copier repair persons or delivery persons, local procedures may establish expedited admission through provisions such as, but not limited to, use of a designated receiving area that does not afford access to confidential information, limiting hours of delivery, or requiring phone call notice prior to delivery or building access.

3. For visitors with time-limited, daily or routine access such as contractual crafts and maintenance personnel, local procedures may be developed that include, but are not limited to, issuance of temporary visitors identification, entry through a designated non-public entrance, or other appropriate means of expedited admission.

(H) Upon registration, the visitor shall be informed of the hours of operation for the reception desk. Visitors shall be advised that they must leave by the specified time or the employee they are visiting must assume responsibility and liability for the visitor's access and actions, including signing the person out.

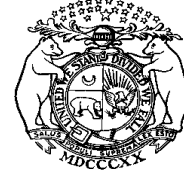
(I) The Department and its facilities reserve the right to deny admission to any visitor based on factors such as, but not limited to, refusal to sign in, absence of a legitimate reason to visit the facility, refusal by a patient or staff member to see a visitor, past behavior or problems, refusal to allow search of bags or belongings, court orders or restraining orders, or past or current possession of contraband (e.g. weapons). The facility shall establish a procedure to follow when admission is denied to an individual such as contacting facility security staff or local law enforcement, as appropriate to the situation.

1. Each facility may establish procedures to determine the



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appropriateness of admission of visitors to patients or residents. Such procedures shall consider, at a minimum, consistency with client rights as outlined in 630.115 RSMO, the legal status and age of the patient/resident, reasonable requests by the patient/resident or legal guardian, any relevant court orders such as custody or restraining orders, protection of the patient or resident's privacy, and protection of the patient/resident from abuse or exploitation.

2. After registration, visitors shall either be limited in their access to public areas where no PHI is accessible or available or shall be escorted or accompanied by facility staff in areas where PHI may be accessed. Public areas may include main hallways, public restrooms, designated visiting areas for patients or residents, employee break rooms, and public conference rooms to the extent that they offer no access to PHI and are physically located within security perimeters or patient/resident care areas.

3. Facilities that permit after hours use of conference room space for community groups or other use may only allow such use if such access is limited only to public areas where PHI is not accessible; or if one or more facility employees are in attendance and enforce access provisions sufficient to protect PHI in the facilities being used. Such use shall also be subject to advance notice requirements and approval by appropriate facility authorities.

4. Employees shall be alert to situations where visitors are observed to be unescorted in non-public areas of the facility. When an employee identifies such an individual, the employee shall approach the individual and offer to escort the person to an appropriate destination. The employee shall notify the LSO of the situation immediately thereafter.

5. When visitors leave the premises, they shall be strongly encouraged to sign out with the specific time of departure and should surrender their visitor identification at that time.

(J)Facilities shall submit their initial practices for registration of visitors and subsequent revisions to those practices to the CSO to keep on file in the Central Office and shall resubmit practices when significant changes are made.

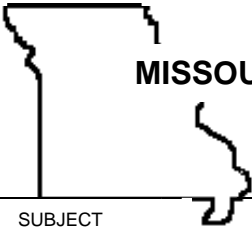
(5) Principles for Assuring Facility Security.

(A) When developing facility procedures for identification of employees, visitors and others, the facility shall assure compliance with HIPAA security and privacy requirements.

(B) Facility procedures and their application should also be consistent with the following general principles.

1. Reasonable efforts shall be made to protect the privacy of confidential information and the safety and security of consumers and employees. When evaluating the reasonableness of the effort, factors may be considered such as cost, level of risk, environmental considerations, legal considerations, amount of control of physical plant (i.e. leased building or need for extensive physical modifications), and consistency with the mission and values of the Department.

2. The effectiveness of facility procedures shall be determined by



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their success in achieving the desired outcomes of protection of consumers, workforce, and protected health information.

A. In determining the scope of activities required to protect information and individuals, the implementation of certain actions can reduce the need for others. For example, facilities with extensive “perimeter” security measures in place may effectively limit access to work areas where PHI may be maintained, thereby avoiding the need to institute additional measures such as locking up fax machines. Conversely, open campuses may need to consider locked doors for unattended locations where PHI is routinely located or routed such as fax machines, copy machines, computer monitors, or staff mailboxes.

B. With flexibility at the local level, there is increased accountability and risk. The permissive nature of this DOR shifts responsibility to the facility for compliance and consequences of non-compliance.

C. Facility policies and procedures shall include processes for quality assurance and monitoring, reporting of failures, and designation of parties responsible for quality management.

D. Compliance with this DOR will be best achieved if its requirements are integrated with other compliance activities and are reinforced through effective supervision and recognition activities.

(6) Review Process. The Chief Security Officer shall form a committee and collect information from the committee and the Local Security Officers during the month of April each year beginning in 2008 for the purpose of providing feedback to the Director of the Office of Information Systems, the Deputy Director of Administration and to the DMH Executive Team regarding trends and issues related to compliance with this regulation.

(7) Sanctions: Failure to comply or ensure compliance with the requirements of this Department Operating Regulation will result in disciplinary action, up to and including dismissal.

(8) There shall be no local policies on this topic. The Department Operating Regulation shall control. Local guidelines and protocols shall conform to this DOR.

History: Original DOR developed under number DOR 8.320 and changed to 1.330 at the time of promulgation. Original DOR effective September 1, 2003. Amendment effective September 1, 2004. On July 1, 2008 the Sunset date was extended to July 1, 2011. Amendment effective July 1, 2008.